



Resources on major points of testimony of Marilyn Martin, Health Access Policy Analyst:  
Hearing before the Governor's Healthcare Reform Implementation Council, November 16, 2010

Intractability of ADA noncompliance, health care disparities, and lack of access to health care for people with disabilities.

Reis, J.P., Breslin, J.L., Iezzoni, L.I., Kirschner, K.L., *It Takes More Than Ramps* (Rehabilitation Institute of Chicago 2004), [http://www.ric.org/pdf/RIC\\_whitepaperfinal82704.pdf](http://www.ric.org/pdf/RIC_whitepaperfinal82704.pdf)

New York model of Medicaid MCO Compliance with the ADA.

[http://www.health.state.ny.us/health\\_care/managed\\_care/pdf/appendixj.pdf](http://www.health.state.ny.us/health_care/managed_care/pdf/appendixj.pdf)

2005 ADA compliance plan filed by Health Plus, New York healthcare plan

[http://www.healthplus-ny.org/data/HP\\_ADA\\_Plan\\_2005-revisions.pdf](http://www.healthplus-ny.org/data/HP_ADA_Plan_2005-revisions.pdf)

Access Living: Position paper on performance standards for Illinois managed care organizations serving people with disabilities and chronic conditions (attached to email to Amy Lulich, November 15, 2010)

Master, R.J., M.D., *Massachusetts Medicaid and the Community Medical Alliance*, American Journal of Managed Care (Vol. 4, June 25, 1998)

[http://www.ajmc.com/media/pdf/AJMC1998JunMasterSP90\\_SP98.pdf](http://www.ajmc.com/media/pdf/AJMC1998JunMasterSP90_SP98.pdf)

Agency for Healthcare Research and Quality, *Innovation Profiles: Plan-Funded Team Coordinates Enhanced Primary Care and Support Services to At-Risk Seniors, Reducing Hospitalizations and Emergency Department Visits*, October 27, 2008, updated October 21, 2009

<http://www.innovations.ahrq.gov/content.aspx?id=2243>

J. Barth, Center for Health, "The Consumer Voice in Medicaid Managed Care: State Strategies" (March 2007)

[http://www.chcs.org/usr\\_doc/Consumer\\_Voice\\_Issue\\_Brief.pdf](http://www.chcs.org/usr_doc/Consumer_Voice_Issue_Brief.pdf)

# **Performance Standards for Illinois Managed Care Organizations Serving People with Disabilities and Chronic Conditions**

**Prepared by Access Living**

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## **Overview**

Under Titles II and III of the Americans with Disabilities Act, every healthcare provider must offer non-discriminatory healthcare services to all patients, including people with disabilities. Compliance with the ADA is essential to ensure the provision of equitable, quality healthcare for people with disabilities and chronic conditions in Illinois. It is also the law.

This issue paper outlines Access Living's recommendations for culturally competent healthcare services for those with disabilities and chronic health conditions who will soon be mandatorily enrolled in the Medicaid Managed Care Program. Access Living calls for the State of Illinois to comply with the requirements of the ADA and the Department of Justice (DOJ) Access Guidelines as they pertain to both the healthcare facilities and the delivery of services in those facilities. This paper includes a brief summary of these ADA healthcare related performance standards and recommends a set of best practices. Compiled from existing managed care programs in states across the country, these best practices aim to promote the health of consumers as well as the financial well-being of the state. Our recommendations for specific ADA oversight are modeled on similar principles implemented by the Chicago Public School System as well as the Regional Transportation Authority in the Chicago metropolitan area. In order to avoid expensive future litigation, the state should consider these best practices as measures to uphold ADA compliance.

## **Four Recommendations from Access Living**

1. All Managed Care Organizations (MCOs) selected by the State of Illinois must provide healthcare services that comply with Titles II and III of the ADA as well as the DOJ Healthcare Access Guidelines pertaining to the ADA.
2. The State of Illinois Medicaid Managed Care Program cannot force people with disabilities and chronic conditions into a system that denies them access to ADA compliant healthcare services. The following policies must be implemented to ensure that State of Illinois MCO healthcare services are ADA compliant.

- The appointment of an ADA Coordinator to oversee the transition to managed care. In addition, each MCO should appoint an ADA Liaison to work with consumers, the insurer and the state.
  - The State ADA Coordinator would oversee the design and implementation of the MCO's ADA plan, which include a consumer appeals process and an ADA hotline to address consumers ADA concerns.
  - Each MCO's ADA Liaison should create a company-specific plan in collaboration with the state, the company and the consumer. The liaison will work to educate the MCO's consumers to ensure a successful transition to managed care.
3. If a selected network does not have the capacity to provide ADA-compliant healthcare services, the state must offer Medicaid Managed Care enrollees a "reasonable accommodation" by providing the option of receiving ADA-compliant services from a choice of providers outside of the network.
  4. To ensure the provision of equitable, quality healthcare, disability specific services are essential. This means insurers need to recognize disability-specific healthcare needs. Persons with disabilities require greater and regular attention from specialists and greater access to specialized equipment such as motorized wheelchairs. An MCO may be motivated to decrease costs by sending a patient to a general physician when the patient urgently needs a service provided by a specialist.

Therefore, providing access to disability-specific specialists including, but not limited to appropriate rehabilitation specialists, allied health services, seating and positioning technology and assistive technology specialists is strongly recommended. This would also be beneficial financially, since a patient's health is often adversely affected when he/she is denied appropriate, specialized care, thereby potentially costing the state more.

### **ADA Healthcare Related Requirements**

- Title II of the ADA requires publicly funded healthcare facilities and providers to ensure their healthcare services are completely accessible to people with disabilities.
- Title III applies to all private health care providers (regardless of the size of the facility or number of employees). It requires HMOs, hospitals and healthcare facilities to remove all architectural, structural and programmatic barriers that prevent people with disabilities from accessing health care services. Physical barriers include waiting rooms, restrooms and parking spots as well as entryways. Programmatic barriers include communication

accommodations such as sign language interpreters for the deaf or staff to assist in filling out forms for the blind (Reis 13-16).

- The US Department of Justice has the primary enforcement authority for enforcing the ADA. The ADA regulations can be found at [www.ada.gov/reg2.html](http://www.ada.gov/reg2.html) and [www.ada.gov/reg3a.html](http://www.ada.gov/reg3a.html).
- The most recent July 2010 updates to the ADA (available at [http://www.ada.gov/medcare\\_mobility\\_ta/medcare\\_ta.htm](http://www.ada.gov/medcare_mobility_ta/medcare_ta.htm)) are summarized in this Fifth Freedom informational alert: "The DOJ has released a new document with guidelines for medical care accessibility. "Access to Medical Care for Individuals with Mobility Disabilities" discusses the requirements of the ADA as they relate to medical care, facilities and equipment. This document covers guidelines for things like entry doors, clear floor space & turning space, accessible exam tables & chairs, using patient lifts, transfer techniques and staff training." These updates should be considered as components of the Access Living recommendations for the State of Illinois.

## Summary

This issue paper calls for the incorporation of ADA guidelines in the Medicaid Managed Care program and offers a set of best practices. If Illinois' Medicaid Managed Care program fails to address the specific health needs of people with disabilities and chronic conditions, the 40,000 enrollees will be forced into a network of inadequate providers without any chance of an opt-out. Not offering an option for out of network disability-specific care endangers the health of people with disabilities, thereby most assuredly ensuring additional costs to the state should an individual's health deteriorate. Access Living strongly recommends that the Medicaid Managed Care program ensures the provision of quality service to people with disabilities and chronic conditions by working with the disability community to identify these best practices for the state of Illinois.

## Resources

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